



Docket No.: PF-0509 USN

**DECLARATION AND POWER OF ATTORNEY FOR
UNITED STATES PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, and I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if more than one name is listed below) of the subject matter which is claimed and for which a United States patent is sought on the invention entitled

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the specification of which:

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/ is attached hereto.

TC 1700

/ X / was filed on November 2, 2000 as application Serial No. 09/674,743 and if this box contains an X / /, was amended on

/ X / was filed as Patent Cooperation Treaty international application No. PCT/US99/09935 on May 4, 1999, if this box contains an X / /, was amended on under Patent Cooperation Treaty Article 19 on 2001, and if this box contains an X / /, was amended on

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim the benefit under Title 35, United States Code, §119 or §365(a)-(b) of any foreign application(s) for patent or inventor's certificate indicated below and of any Patent Cooperation Treaty international applications(s) designating at least one country other than the United States indicated below and have also identified below any foreign application(s) for patent or inventor's certificate and Patent Cooperation Treaty international application(s) designating at least one country other than the United States for the same subject matter and having a filing date before that of the application for said subject matter the priority of which is claimed:

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a filing date before that

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09/674,743

Country	Number	Filing Date	Priority Claimed
_____	_____	_____	// Yes // No
_____	_____	_____	// Yes // No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

Application <u>Serial No.</u>	Filed	Status (Pending, <u>Abandoned, Patented</u>)
60/084,254	May 5, 1998	Expired
60/095,827	August 7, 1998	Expired
60/102,745	October 2, 1998	Expired

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in said prior application(s) in the manner required by the first paragraph of Title 35, United States Code §112, I acknowledge my duty to disclose material information as defined in Title 37 Code of Federal Regulations, §1.56(a) which occurred between the filing date(s) of the prior application(s) and the national or Patent Cooperation Treaty international filing date of this application:

Application <u>Serial No.</u>	Filed	Status (Pending, <u>Abandoned, Patented</u>)
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I hereby appoint the following:

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Michael C. Cerrone	Reg. No. 39,132
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Richard C. Ekstrom	Reg. No. 37,027
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Susan K. Sather	Reg. No. 44,316
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P. Ben Wang	Reg. No. 41,420

respectively and individually, as my patent attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Please address all communications to:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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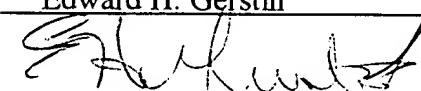
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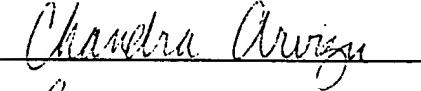
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